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Bib Data Sheet

CONFIRMATION NO. 5946

SERIAL NUMBER 10/752,621	FILING DATE 01/07/2004 RULE	CLASS 341	GROUP ART UNIT 2819	ATTORNEY DOCKET NO. CYGL-26,549					
APPLICANTS Ka Y. Leung, Austin, TX; ** CONTINUING DATA <i>PIP yes</i> This application is a CIP of 10/453,369 06/03/2003 <i>Pending</i> ** FOREIGN APPLICATIONS <i>PIP none</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/14/2004									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Deon Frederic PIP</i> Examiner's Signature Initials </td> <td style="width: 15%; padding: 5px;"> STATE OR COUNTRY TX </td> <td style="width: 15%; padding: 5px;"> SHEETS DRAWING 8 </td> <td style="width: 15%; padding: 5px;"> TOTAL CLAIMS 20 </td> <td style="width: 10%; padding: 5px;"> INDEPENDENT CLAIMS 2 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Deon Frederic PIP</i> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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ADDRESS 25883 HOWISON & ARNOTT, L.L.P P.O. BOX 741715 DALLAS, TX 75374-1715									
TITLE High speed comparator for a SAR converter with resistor loading and resistor bias to control common mode bias									
FILING FEE RECEIVED 770	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width: 40%; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____			
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